

**COUNTY INDIGENT HEALTH CARE PROGRAM  
MONTHLY FINANCIAL REPORT**

County Name TOM GREEN

Report for (Month/Year) 03/2014

or

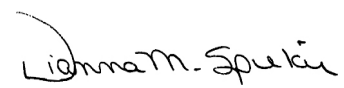
Amendment of the Report for (Month/Year)

**I. REIMBURSABLE EXPENDITURES during This Report Month**

Physician Services	1.	\$3,003.36	
Prescription Drugs	2.	\$0.00	
Hospital, Inpatient Services	3.	\$0.00	
Hospital, Outpatient Services	4.	\$0.00	
Laboratory/X-Ray Services	5.	\$0.00	
Skilled Nursing Facility Services	6.	\$0.00	
Family Planning Services	7.	\$0.00	
Rural Health Clinic Services	8.	\$0.00	
State Hospital Contracts	9.	\$0.00	
Optional Health Care Services	10.	\$9,045.00	
Amount of Intergovernmental Transfer	11.	\$0.00	
<b>Total Expenditures</b> (Add #1 through #11.)			<b>12.</b> \$12,048.36
<b>Reimbursements Received</b> (Do not include State Assistance.)	<b>13. (</b>	<b>\$0.00 )</b>	
<b>6% Eligibility System Review Findings</b> (\$ in error)	<b>14. (</b>	<b>\$0.00 )</b>	
<b>Total to be Deducted</b> (Add #13 + #14.)			<b>15. (</b> \$0.00 <b>)</b>
<b>Applied to State Assistance Eligibility/Reimbursement</b> (#12 minus #15)			<b>16.</b> \$12,048.36

**II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement**

<b>TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$</b>	<u>109,301.19</u>
<b>GRTL \$</b> <u>31,169,293.00</u>	
<b>4% of GRTL \$</b>	<u>1,246,771.72</u>
<b>6% of GRTL \$</b>	<u>1,870,157.58</u>
<b>8% of GRTL \$</b>	<u>2,493,543.44</u>

  
Signature of Person Submitting Form 105

07/01/2014  
Date